RHEUMATIC FEVER

What is rheumatic fever?

Rheumatic fever is a rare inflammatory illness that sometimes occurs in people after they have a group A streptococcal infection.

Who gets rheumatic fever?

Rheumatic fever can occur in anyone who has a group A streptococcal infection. Most cases occur in people who have untreated acute group A streptococcal pharyngitis (sore throat).

How is rheumatic fever diagnosed?

There is no one specific laboratory test for the diagnosis of rheumatic fever.

Major criteria for rheumatic fever include: a) carditis (inflammation of the heart), b) polyarthritis (inflammation of the joints), c) chorea (rapid involuntary movements), d) subcutaneous nodules (small nodes under the skin), and e) erythema marginatum (a condition where there are reddened skin lesions with elevated borders).

Minor criteria include: a) fever; b) previous rheumatic fever or rheumatic heart disease; c) arthralgia (pain in a joint or joints); d) elevated erythrocyte sedimentation rate, postive C-reactive protein, or leukocytosis (all diagnosed using laboratory tests); and e) prolonged PR interval on an electrocardiogram.

A case of rheumatic fever is *confirmed* when there is an illness characterized by: a) two major criteria *or* one major and two minor criteria (as described above); and b) supporting evidence of preceding group A streptococcal infection.

Comment: Supporting evidence to confirm streptococcal infection includes an increase in antistreptolysin-O or other streptococcal antibodies, a positive throat culture for group A streptococcus, or recent scarlet fever. The absence of supporting evidence of preceding streptococcal infection should make the diagnosis doubtful, except in rare cases.

Where can I get more information?

- -Your personal doctor.
- -Your local health department listed in your telephone directory.
- -The Utah Department of Health, Bureau of Epidemiology (801) 538-6191.

UTAH DEPARTMENT OF HEALTH BUREAU OF EPIDEMIOLOGY August 2001